

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	239511US2S CONT
	First Inventor or Application Identifier	Naohisa KAMIYAMA
	Title	ULTRASONIC DIAGNOSIS APPARATUS AND CONTROL METHOD OF ULTRASONIC DIAGNOSIS APPARATUS
	Assignee Name: Assignee Address:	17363 U.S.P.T.O. 10/603806 06/26/03

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		ACCOMPANYING APPLICATION PARTS
2. <input checked="" type="checkbox"/> Specification	Total Sheets	<input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) (3 sheets)
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	Total Sheets	<input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (1 sheet)
4. <input checked="" type="checkbox"/> Oath or Declaration	Total Pages	<input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney
a. <input checked="" type="checkbox"/> Newly executed (original or copy)		<input type="checkbox"/> English Translation Document (<i>if applicable</i>)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <i>(for continuation/divisional with box 17 completed)</i>		<input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations (6)
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small>		<input type="checkbox"/> Preliminary Amendment
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)		<input checked="" type="checkbox"/> White Advance Serial No. Postcard
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>		<input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) <i>(if foreign priority is claimed)</i>
a. <input type="checkbox"/> Computer Readable Form (CRF)		<input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27</small>
b. Specification or Sequence Listing on :		<input checked="" type="checkbox"/> Other: Request for Priority; International Search Report
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or		
ii. <input type="checkbox"/> Paper		
c. <input type="checkbox"/> Statements verifying identity of above copies		

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:
 Continuation Divisional Continuation-in-part (CIP) of International PCT no.: PCT/JP01/11385, filed December 25, 2001
Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

- This application is a Continuation Division Continuation-in-part (CIP)
 of application Serial No.
 Which was published in English
 Which was not published in English
 This application claims priority of provisional application Serial No. Filed

19. CORRESPONDENCE ADDRESS



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Name:			Registration No.:

Docket No. 239511US2S CONT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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ERIAL NO:
FILING DATE:

INVENTOR(S) Naohisa KAMIYAMA

SERIAL NO: New Application

FILING DATE: Herewith

ULTRASONIC DIAGNOSIS APPARATUS AND CONTROL METHOD OF ULTRASONIC
DIAGNOSIS APPARATUS

FEE TRANSMITTAL

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FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	16 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	2 - 3 =	0	x \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$750.00
			TOTAL OF ABOVE CALCULATIONS	\$750.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input checked="" type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$40.00
			TOTAL	\$790.00

- Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.
- A check in the amount of **\$790.00** to cover the filing fee is enclosed.
- The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.



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Date: 6-26-03



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